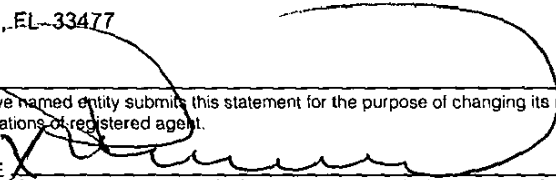


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90014 010 ****55.00

DOCUMENT # L02000024406					
1. Entity Name ARCH ATLANTIC PROPERTY MANAGEMENT, LLC					
Principal Place of Business 1102 WEST INDIANTOWN ROAD SUITE 7 JUPITER, FL 33458 US			Mailing Address 1102 WEST INDIANTOWN ROAD SUITE 7 JUPITER, FL 33458 US		
2000159i					
2. Principal Place of Business 1005 WEST INDIANTOWN RD.		3. Mailing Address 1005 WEST INDIANTOWN RD.			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101		01102005 Chg-LLC CR2E083 (10/03)	
City & State JUPITER FL		City & State JUPITER FL		4. FEI Number 14-1849336	
Zip 33458		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, PETER M 1102 W. INDIANTOWN ROAD SUITE 7 JUPITER, FL 33477			7. Name and Address of New Registered Agent		
			Name ROSEN, PETER M.		
			Street Address (P.O. Box Number is Not Acceptable) 1005 W. INDIANTOWN ROAD		
			SUITE 101		
			City JUPITER FL		
			Zip Code 33458		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 1-10-05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, PETER M 1102 WEST INDIANTOWN ROAD, SUITE 7 JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1005 W. INDIANTOWN RD. #101 JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANEFIELD, LARRY S 1102 WEST INDIANTOWN ROAD, SUITE 7 JUPITER, FL 33458	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1005 W. INDIANTOWN RD. #101 JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				DATE 1-10-05	
Signature and typed or printed name of signing managing member, manager, or authorized representative				Daytime Phone # 561-630-2910	